

Southeast Missouri Autism Project (SEMAP) Support Coordinator Roles and Responsibilities

Below are instructions to follow when you meet with an individual or the family of a loved one with an autism spectrum disorder.

Applying for Autism Project Services:

1. Verify that the individual has an open Episode of Care in CIMOR with the Division of Developmental Disabilities and an autism spectrum disorders diagnosis (299) and is not participating in a *Medicaid Waiver.

Navigating CIMOR

Follow these steps to verify the individual's eligibility status in CIMOR:

1. Locate the CIMOR menu at the left of the home page and click on "consumer."
2. Enter Name and/or DMH ID in corresponding fields and click on the "Search" button.
3. Click on "View" under the heading "List EOC."
4. Click on the + sign beside "EOC" in the CIMOR menu at the left of the "Episode of Care" screen to expand the selection.
5. In the expanded selection, click on "EOC Summary."
6. On the "Episode of Care Summary" screen, locate the heading labeled "Most Recent Diagnosis for Axis I, II, III" and locate the column labeled "Code." Autism spectrum disorders codes are:
 - 299.00 Autistic Disorder
 - 299.80 Asperger's Disorder
 - 299.80 Rett's Disorder
 - 299.80 Pervasive Developmental Disorder, NOS
 - 299.10 Childhood Disintegrative Disorder
7. If one of the codes above is listed, click on the + sign beside "Demographics" in the CIMOR menu at the left of the "Episode of Care Summary" screen to expand the selection.
8. In the expanded selection, click on "Identifiers" to determine whether the individual has been awarded a Medicaid Waiver slot. The possible listings are:
 - Comprehensive Waiver Slot
 - Community Waiver Slot
 - Partnership Waiver Slot
 - Autism Waiver Slot
 - Lopez Waiver Slot
9. If one of the above is listed with a "From Date" and no "To Date," the individual is **NOT** eligible to be referred for services funded through SEMAP.
10. If none of the above are listed, the individual **IS** eligible to be referred for services funded through .

2. Provide the family with the Autism Information and Resource Folder, which includes:

1. Missouri Family to Family Resource Center pocket folder containing autism information and resources enumerated in 2-9 below
2. Autism Project Map/Funding
3. Parent and Family Information
4. "Help for Your Child with Autism" Brochure
5. IAN Brochure
6. SEMAP Service Directory
7. Sharing Our Strengths Card
8. Sharing Our Strengths Referral Form
9. Family Satisfaction Survey

3. Discuss with individual/family the SEMAP Service Directory to help determine the service providers and services most closely aligned with the Individual/family needs and the willingness/ability of the family to be participants in the treatment services.
4. If the family consents, complete the SEMAP Autism Referral Packet that includes:

1. Providers and Services Choice Form
2. Provider Referral Form
3. Individual Support Plan with documentation of need for services tied to an outcome
4. Budget Summary/Sheet (with Provider(s), Services, CIMOR codes, and 1200 Units per service per plan year)

5. Submit the Autism Referral Packet to the Utilization Review Committee (URC).

Upon final approval (or disapproval) of the plan, the individual and/or responsible party, service coordinator, and provider(s) will be notified within 10 working days. See 9 CSR 45-2.017(9) at <http://www.sos.mo.gov/adrules/csr/current/9csr/9c45-2a.pdf>

Service Monitoring for Autism Project Services:

Service monitoring provided in the natural home is governed by Directive 3.020 <http://dmh.mo.gov/docs/dd/directives/3020.pdf>. On page 5 of that Directive is a table that identifies services that may be monitored by quarterly contact and annual face-to-face plan renewals. There is an asterisk that identifies such services as being funded through Choices for Families or POS, both general revenue funding categories. Since Autism Project funding is general revenue only, that is the category under which service monitoring falls. However, please note, these guidelines illustrate a **"minimum standard. It is expected that Support Coordinators exercise professional judgment and increase visits according to the individual needs of people."**

Annual Plan Reviews:

1. Complete new Providers and Services Choice Form along with revised Budget Summary and Individual Support Plan so provider(s) will be informed of service authorizations for current plan year. Services funded through SEMAP's shared unit agreement(s) will be processed in the same manner as all other plans.
2. A new referral form will only need to be completed when a new provider has been added.

Ending Autism Project Services:

1. Services provided through SEMAP will end when any of the following occurs:

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| <ol style="list-style-type: none">1. The individual enrolls in a Medicaid Waiver,2. The individual is discharged from the Division of Developmental Disabilities,3. The individual declines to continue receiving services funded through SEMAP, or4. The individual transfers to a region where the Autism Project business model does not offer similar services. |
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2. Please follow these steps to disenroll an individual from Autism Project services:

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| <ol style="list-style-type: none">1. Complete the Provider Disenrollment Form for Southeast Missouri Autism Project (SEMAP) Services and fax it to the appropriate provider. Note: Emailing this form would require that you encrypt the message to comply with HIPAA.2. File original and fax cover sheet in case record.3. Fax/scan/send the disenrollment form to the Utilization Review Coordinator at the Regional Office in your region so that autism project authorizations can be ended. |
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3. There are instances when a SEMAP provider may discontinue providing services to families, resulting in notification both to the family and to the Support Coordinator. The correspondence may indicate one of the following:

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| <ol style="list-style-type: none">1. Plan completion summary indicating Inactive Status2. Family not interested letter, or3. Exhausted benefits on intervention |
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When this occurs:

Forward a copy of the letter to the Utilization Review Committee Coordinator so that Autism Project authorizations can be ended and Autism Program Assignment can be ended.

Note: When individuals enroll in Medicaid Waivers, they are unable to continue receiving services funded through the Southeast Missouri Autism Project (SEMAP).^{*} However, providers contracted under shared unit agreements may also be contracted with the division to provide Medicaid Waiver services. Contact Provider Relations at the Regional Office to request clarification about whether a provider under the shared unit may continue providing services as a Medicaid Waiver provider.

^{*}In July of 2009, the division discontinued the practice of supplementing individuals participating in Medicaid Waiver with services funded through the Autism Projects. Individuals who fell into this category were grandfathered. If Autism Project services are being requested by an individual who is enrolled in a Medicaid Waiver, that waiver assignment must have been prior to July 1, 2009. If there is a waiver assignment subsequent to July 1, 2009, but there have been consecutive waiver assignments pre-dating July 1, 2009, the person is considered grandfathered as well. If you have questions, please contact the Autism Navigator in your region.

Regional Office Toll Free Telephone Numbers

Poplar Bluff Regional Office: 800-497-4214	Sikeston Regional Office: 800-497-4647
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